

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jo E. Gibeaut	<i>Jo E. Gibeaut</i>	Street: N16382 Cy's Drive City: Park Falls Zip: 54552	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fifield	12/05/2011 (Month) (Day) (Year)
2. EDGAR E. GIBEAUT	<i>Edgar E. Gibeaut</i>	Street: N16382 Cy's Drive City: PARK FALLS Zip: 54552	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FIFIELD	12/05/2011 (Month) (Day) (Year)
3. Patricia A. Roach	<i>Patricia A. Roach</i>	Street: N16212 Margaret Ln City: Park Falls Zip: 54552	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake	12/06/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, AUDREY WILLIAMS, (certify): I reside at W5968 Daisy Lane 54552 EISENSTEIN  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 8 / 2011  
(Month) (Day) (Year)

*Audrey Williams*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000751

Circulator  
Phone  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jean Woolf	<i>Jean Woolf</i>	Street: N9691 Minto Rd City: Phillips WI Zip: 54555	<input checked="" type="checkbox"/> Town Ubreester <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. SUSAN J. LAURILA	<i>Susan Laurila</i>	Street: 200 Ridgewood Ct. City: Phillips, WI Zip: 54555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Phillips	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Kris Kennedy	<i>Kris Kennedy</i>	Street: N15588 Wagner Rd City: Park Falls Zip: 54552	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Dale Kennedy	<i>Dale Kennedy</i>	Street: N15588 Wagner Rd City: Park Falls Zip: 54552	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Mary Lohrmeier	<i>M. Lohrmeier</i>	Street: W7001 Trout Pond Rd City: F. Field WI Zip: 54524	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City F. Field	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. David Olson	<i>David Olson</i>	Street: N9048 N. EVANS BAY City: Phillips WI Zip: 54555	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELK	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone (715)
7. Rosemary Glissendorf	<i>Rosemary Glissendorf</i>	Street: 300 Cherry St Apt 214 City: Phillips Zip: 54555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Phillips	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Rosella Petty	<i>Rosella Petty</i>	Street: 300 Cherry St #304 City: Phillips Zip: 54555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City PHILLIPS	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, AUDREY WILLIAMS (Name of Circulator), (certify): I reside at W5968 Darcy Lane 54552 (Circulator's Residence - Street name and Number) ETSENSTEIN (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 8 / 2011  
(Month) (Day) (Year)

Audrey Williams  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000752

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

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1. GLORIA FALLIS	<i>Gloria Fallis</i>	Street: N17726 Divine Rapids City: Park Falls WI Zip: 54552	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eisenstein	12/2/2011 (Month) (Day) (Year)		
2. Albert J. Schuelke Sr	<i>Albert J. Schuelke Sr</i>	Street: W7007 Chada Rd. City: Friesland WI Zip: 54524	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Friesland	12/2/2011 (Month) (Day) (Year)		
3. Linda M Otterstrom	<i>Linda M Otterstrom</i>	Street: W10906 Midway Rd City: KENNAN WI Zip: 54537	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KENNAN	12/3/2011 (Month) (Day) (Year)		
4. Debra McLaughlin	<i>Debra McLaughlin</i>	Street: N5919 Woodman Rd City: KENNAN WI Zip: 54537	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Georgetown	12/3/2011 (Month) (Day) (Year)		
5. Dorothy PETERS	<i>Dorothy Peters</i>	Street: N14233 W Central City: Friesland WI Zip: 54524	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Friesland	12/5/2011 (Month) (Day) (Year)		
6. Raymond Anderson	<i>Raymond Anderson</i>	Street: 300 Cherry St 310 City: Phillips WI Zip: 54555	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Phillips	12/8/2011 (Month) (Day) (Year)		
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)		

## Certification of Circulator

I, AUDREY WILLIAMS (Name of Circulator), (certify): I reside at W5968 Daisy Lane 54552 (Circulator's Residence - Street name and Number) EISENSTEIN (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 8 2011  
(Month) (Day) (Year)

Audrey Williams  
(Signature of Circulator)

Page No. (Official Use Only)

# 000753

Circulators

Phone

Email

# PAM GALLOWAY RECALL PETITION

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1. Mildred Kenpen	<i>Mildred Kenpen</i>	Street: <i>W 10336 Jansen St</i> City: <i>Kennan</i> Zip: <i>54537</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Kennan</i> <input type="checkbox"/> City	<i>12/3/2011</i> (Month) (Day) (Year)	Email Phone
2. Michael McLaughlin	<i>Michael McLaughlin</i>	Street: <i>N 5919 Woodlawn Rd</i> City: <i>Kennan</i> Zip: <i>54537</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Georgetown</i>	<i>12/3/2011</i> (Month) (Day) (Year)	Email Phone
3. JANE COLDINGTON	<i>Jane Coldington</i>	Street: <i>300 Chevy SE Apt 3/2</i> City: <i>Phillips WI</i> Zip: <i>54555</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Phillips</i>	<i>12/3/2011</i> (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, AUDREY WILLIAMS, (certify): I reside at W 5968 Daisy Lane 54552 EISENSTEIN  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 8, 2011  
(Month) (Day) (Year)

Audrey Williams  
(Signature of Circulator)

Page No. (Official Use Only)

# 000754

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

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1. Kenneth H. Barnett	<i>Kenneth H. Barnett</i>	Street: 126 Larkspur Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/9/2011 <small>(Month) (Day) (Year)</small>	Email
2. JOSH WAPZINSKI	<i>Josh Wapzinski</i>	Street: 7117 EVERGREEN ST City: SCHOFIELD Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROTHSCHILD	12/9/2011 <small>(Month) (Day) (Year)</small>	Phone
3. THORVALD BURNTVEDT	<i>Thorvald Burntvedt</i>	Street: 313 S. 6 AVE City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 <small>(Month) (Day) (Year)</small>	Phone
4. CATHY BOUFFARD	<i>Cathy Boufford</i>	Street: 125 Miller Ave City: Wausau Zip: W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ABUSAN	12/9/2011 <small>(Month) (Day) (Year)</small>	Phone
5. Bli a Xiong	<i>Bli Xiong</i>	Street: 920 S. 3rd AVE City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 <small>(Month) (Day) (Year)</small>	Phone
6. Meng Lee	<i>Meng Lee</i>	Street: 2345 Grand Ave #9 City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 <small>(Month) (Day) (Year)</small>	Phone
7. Paulette Patrick	<i>Paulette Patrick</i>	Street: 512 SO. 3rd Ave #14 City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/9/2011 <small>(Month) (Day) (Year)</small>	Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Phone

## Certification of Circulator

I, Marian Seagren Hall, (certify): I reside at 4803 Stettin Dr. Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

Marian Seagren Hall  
(Signature of Circulator)

Page No. 000735  
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# PAM GALLOWAY RECALL PETITION

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1. Rebecca Schuelke	<i>Rebecca Schuelke</i>	Street: 1024 1/2 S. 1st Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)	Email Phone
2. <del>DEREK HANSEN</del>	<del><i>Derek Hansen</i></del>	Street: <del>N 2818 Doss Lane</del> City: <del>Wausau</del> Zip: <del></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
3. James Lechner	<i>James Lechner</i>	Street: 5960 Doss Rd City: Hatley WI Zip: 54440	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hatley	12/9/2011 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/9/2011 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Joyce Chokouras, (certify): I reside at 1426 Lake Dr. Bevent  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Dec 1 9 12011  
(Month) (Day) (Year)

Joyce Chokouras  
(Signature of Circulator)

Page 000756  
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# PAM GALLOWAY RECALL PETITION

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1. Kathleen Beatty	<i>Kathleen Beatty</i>	Street: 5901 Lakeshore Drive City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/06/2011 <small>(Month) (Day) (Year)</small>	Email: jkba Phone:
2. Lucille Harvey	<i>Lucille Harvey</i>	Street: 4304 N. Mountain Rd City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/06/2011 <small>(Month) (Day) (Year)</small>	Email: Phone:
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email: Phone:

## Certification of Circulator

I, Joyce R Kurth, (certify): I reside at 1002 McClellan St Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 2011  
(Month) (Day) (Year)

*Joyce R Kurth*  
(Signature of Circulator)

Page No. **000757**  
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# PAM GALLOWAY RECALL PETITION

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Yee Xiong	<i>Yee Xiong</i>	Street: 701 N 9th Ave City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Nou Xung Tho	<i>Nou Xung Tho</i>	Street: 701 E Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/5/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Kalia Moua	<i>Kalia Moua</i>	Street: 311 Humboldt Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Ia Yang	<i>Ia Yang</i>	Street: 311 Humboldt Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Chao Yang	<i>CHAO YANG</i>	Street: 106 W. Wausau Ave. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Nou Thao	<i>Nou Thao</i>	Street: 106 W. Wausau Ave. City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Mong Lot	<i>Mong Lot</i>	Street: 1441 N. 16th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Dao Thao, (certify): I reside at 616 S 1st Ave #1 Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 8 2011  
(Month) (Day) (Year)

Dao Thao  
(Signature of Circulator)

Page 000758 of 000758  
(Page No. of Official Copy)

Circulator  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. David J. Lee	<i>David J. Lee</i>	Street: 1706 Emerson St. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/15/2011 (Month) (Day) (Year)	Email Phone
2. James D. Rosenberg	<i>J.D. Rosenberg</i>	Street: 1806 PLATO ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/18/2011 (Month) (Day) (Year)	Email Phone
3. Sara Rosenberg	<i>Sara Rosenberg</i>	Street: 810 Brown Street City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/24/2011 (Month) (Day) (Year)	Email Phone
4. Jack Rosenberg	<i>Jack Rosenberg</i>	Street: 810 Brown St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/24/2011 (Month) (Day) (Year)	Email Phone
5. Lois M. ROSENBERG	<i>Lois M. Rosenberg</i>	Street: 2100 Town Line Rd. #217 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/24/2011 (Month) (Day) (Year)	Email Phone
6. Thomas Rosenberg	<i>Thomas Rosenberg</i>	Street: 6315 Alton Verde St. City: Weston Zip: 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/26/2011 (Month) (Day) (Year)	Email Phone
7. Evelyn L. Fisher	<i>Evelyn L. Fisher</i>	Street: 1809 Plato St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/4/2011 (Month) (Day) (Year)	Email Phone
8. Kathleen Sanford	<i>Kathleen Sanford</i>	Street: 1801 Plato St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/4/2011 (Month) (Day) (Year)	Email Phone
9. Jean E. Martin	<i>Jean E. Martin</i>	Street: 144 Kent St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/4/2011 (Month) (Day) (Year)	Email Phone
10. KARLA ROSENBERG	<i>Karla Rosenberg</i>	Street: 1806 PLATO ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/6/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, James D. Rosenberg, (certify): I reside at 1806 PLATO ST WAUSAU  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

DEC 1 10 2011  
(Month) (Day) (Year)

*J.D. Rosenberg*  
(Signature of Circulator)

Page No. 000750

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Gregory Mielke</u> Sign: <u>Greg Mielke</u>	Street: <u>1005 18th St.</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)

## Certification of Circulator

I, Richard P. Tucker (certify): I reside at 703 19th St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Mosinee  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Richard P. Tucker  
(Signature of Circulator)

Page 1 of 1 (Initial Use Only)

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Richard P. Tucker</u> Sign: <u>Richard P. Tucker</u>	Street: <u>703 19th St.</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email: <u>4</u> Phone: <u>(7</u>
2. Print: <u>Jeanine M. Tucker</u> Sign: <u>Jeanine M. Tucker</u>	Street: <u>703 19th St</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email: <u>4</u> Phone: <u>(7</u>
3. Print: <u>FLORENCE TUCKER</u> Sign: <u>Florence Tucker</u>	Street: <u>2100 Wegner St</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: <u>4</u> Phone: <u>(7</u>
4. Print: <u>Emily Tucker</u> Sign: <u>Emily Tucker</u>	Street: <u>703 19th St</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: <u>4</u> Phone: <u>(7</u>
5. Print: <u>Patricia A. Tucker</u> Sign: <u>Patricia A. Tucker</u>	Street: <u>2100 Wegner St.</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email: <u>4</u> Phone: <u>(7</u>

## Certification of Circulator

I, Richard P. Tucker, (certify): I reside at 703 19th St. Mosinee  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 20  
(Month) (Day) (Year)

Richard P. Tucker  
(Signature of Circulator)

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Kent Fluegge	<i>Kent Fluegge</i>	Street: R15755 male Brookied City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Ringle <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Sandra Luchman	<i>Sandra Luchman</i>	Street: R5691 Sattler LN City: Ringle Zip: 54471	<input type="checkbox"/> Town <input type="checkbox"/> Village Ringle <input checked="" type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. SUSAN LASSA	<i>Susan Lassa</i>	Street: 2501 HOWARD AVE City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WESTON <input type="checkbox"/> City	11/28/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. ROGER DRAYNA	<i>Roger Drayna</i>	Street: 1540 SUMMIT DR City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village WAUSAU <input checked="" type="checkbox"/> City	11/30/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Marcella Drayna	<i>Marcella Drayna</i>	Street: 1540 Summit Dr City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/30/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Lisa Jaeger	<i>Lisa Jaeger</i>	Street: 9921 Siberian Dr City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Robert Welker JR	<i>Robert Welker JR</i>	Street: 1136 Pine St City: Schiefeld Zip: 54426	<input type="checkbox"/> Town <input type="checkbox"/> Village Schiefeld <input checked="" type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Barbara Davis	<i>Barbara Davis</i>	Street: 2080 Paricle Rd City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Kronenwetter <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Jean Raphan	<i>Jean Raphan</i>	Street: 6008 Morning View City: Schiefeld WI Zip: 54476	<input type="checkbox"/> Town EG <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Schiefeld	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Charles E Wadinski	<i>Charles E Wadinski</i>	Street: 1810 Cedar Creek Dr City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input type="checkbox"/> Village Rothschild <input checked="" type="checkbox"/> City	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone

I, Elizabeth Gustavson, (certify): I reside at 8005 Birch St #229 Village Weston  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 2011  
(Month) (Day) (Year)

Elizabeth Gustavson  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 000762

Circulator

Photo

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Laura Wilkowski	<i>Laura Wilkowski</i>	Street: 207 Sandy Lane City: Hatley Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, PAUL A. MAJERLE, (certify): I reside at 6108 ISAIAH ST. VILLAGE OF WESTON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 9 20 11 Paul A Majerle  
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000763  
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Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <b>TERRY HANSON</b>	<i>Terry Hanson</i>	Street: <b>508 Southline Rd</b> City: <b>Rothschild WI</b> Zip: <b>54474</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Rothschild</b>	<b>12/5/2011</b> <small>(Month) (Day) (Year)</small>	Email Phone
2. <b>Dennis Bindl</b>	<i>Dennis Bindl</i>	Street: <b>809 4th Ave St</b> City: <b>Rothschild</b> Zip: <b>54474</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Rothschild</b>	<b>12/6/2011</b> <small>(Month) (Day) (Year)</small>	Email Phone
3. <b>Robert Ugarotz</b>	<i>Robert Ugarotz</i>	Street: <b>KRONENWEITER 54455</b> City: <b>1943 Rollingwood Rd</b> Zip: <b>54455</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Kronenwetter</b>	<b>12/6/2011</b> <small>(Month) (Day) (Year)</small>	Email Phone
4. <b>Diane Bigoske</b>	<i>Diane Bigoske</i>	Street: <b>607 Eagle Nest Blvd</b> Apt 6 City: <b>Rothschild</b> Zip: <b>54474</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Rothschild</b>	<b>12/6/2011</b> <small>(Month) (Day) (Year)</small>	Email Phone
5. <b>James Stadfish</b>	<i>James Stadfish</i>	Street: <b>2421 Morningside Dr</b> City: <b>Mosinee</b> Zip: <b>54455</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Kronenwetter</b>	<b>12/6/2011</b> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<b>1/20</b> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<b>1/20</b> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<b>1/20</b> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<b>1/20</b> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<b>1/20</b> <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, **PAUL A MAJERLE** (Name of Circulator), (certify): I reside at **6108 ISAIAH ST.** (Circulator's Residence - Street name and Number) **VILLAGE OF WESTON** (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

**12** / **9** / **2011**  
(Month) (Day) (Year)

*Paul A Majerle*  
(Signature of Circulator)

Page No. (Official Use Only)  
# **000764**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jon Aton	<i>Jon Aton</i>	Street: 8005 Birch St #334 City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Patricia Bischof	<i>Patricia Bischof</i>	Street: 214 Florence City: Rothschild Zip: 54477	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Barbara J Schneider	<i>Barbara J Schneider</i>	Street: E 367 County Rd J City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EASTON	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Catherine R. Kleastra	<i>Catherine R. Kleastra</i>	Street: R 8270 White Birch Rd. City: Ringle Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	12/01/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Barbara J. Kleastra	<i>Barbara J. Kleastra</i>	Street: R 8230 White Birch Rd. City: Ringle Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	12/01/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Shirley Iozkowski	<i>Shirley Iozkowski</i>	Street: 6300 Birch St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/01/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Oscar A Wanger	<i>Oscar A Wanger</i>	Street: 1600 E 6th City: Merrill WI Zip: 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Debora Kaminski	<i>Debora Kaminski</i>	Street: 202 S 52 St City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/15/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Gary T. Peterson	<i>Gary T Peterson</i>	Street: 10185 N. 20th Ave City: Merrill WI Zip: 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maune	12/5/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Jeff Kasten	<i>Jeff Kasten</i>	Street: 6208 Birch St #2 City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/5/2011 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, PAUL A MAJERLE, (certify): I reside at 6108 ISAIAH ST. VILLAGE OF WESTON  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 9 120 11 Paul A Majerle  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Record)  
# **000765**

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Ruth Carlson	Ruth Carlson	Street: 5808 Normandy St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/06/2011 (Month) (Day) (Year)		
2. Ramert Carlson	Ramert Carlson	Street: 5808 Normandy St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/04/2011 (Month) (Day) (Year)		
3. Sara C Babi	Sara C Babi	Street: 506 Elm St. City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/04/2011 (Month) (Day) (Year)		
4. RONALD GREENE	Ronald Greene	Street: 1205 SRING BROOK RD City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MOSINEE <input type="checkbox"/> City	12/04/2011 (Month) (Day) (Year)		
5. HARVEY HANSON	Harvey Hanson	Street: 508 SOUTHLINE RD City: ROTHSCHILD Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ROTHSCHILD <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)		
6. EUGENE F FRANT	Eugene F Frant	Street: 202 Sunview Dr City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rb MOUNTAIN <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)		
7. JUDY MOORETZ	Judy Mooretz	Street: 1983 KALLODWOOD RD City: KROENWETTER Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village KROENWETTER <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)		
8. Christopher J. Antiporek	Christopher J. Antiporek	Street: 2202 Sandpiper Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village R.B. MOUNTAIN <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)		
9. JOHN SOBUREL	John Soburel	Street: 3343 1012th St City: LITTLETON WI Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WAUWATON <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)		
10. SUSAN KUFahl	Susan Kufahl	Street: 7303 Ryan Amy Drive City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	12/6/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, PAUL A. MAJERLE (Name of Circulator), (certify): I reside at 6108 ISAIAH ST. (Circulator's Residence - Street name and Number) WESTON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Paul A Majerle  
(Signature of Circulator)

Page No. (of pages)  
# 000766

Circulator

Phone

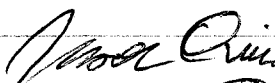


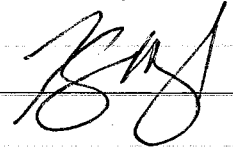
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

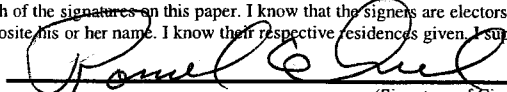
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jason Dur		Street: 205 Buchanan St. City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <u>REID</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MOSINEE</u>	11/21/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Kevin Mijal		Street: 5510 St Hwy 153 City: Hatley Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>REID</u>	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Brenda Northcott		Street: 5510 State Hwy 153 City: Hatley Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>REID</u>	11/25/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Kris Mijal		Street: 7410 Blueberry Ct City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, RONALD E MIJAL, (certify): I reside at 5532 HWY 153 HATLEY WI 54440 TOWN / REID  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Signature of Circulator)

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
<b>1.</b> Print: Julie Nofsinger Sign: Julie Nofsinger	Street: W6261 Cty Hwy A City: Medford Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Black (Municipality Name)	12/2/2011 (Month) (Day) (Year)
<b>2.</b> Print: Penny A Sora Sign: Penny A Sora	Street: W9409 Apple City: Medford Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dolway (Municipality Name)	12/2/2011 (Month) (Day) (Year)
<b>3.</b> Print: Chell M. Anderson Sign: Chell M. Anderson	Street: 655-N 2nd St City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City medford (Municipality Name)	12/2/2011 (Month) (Day) (Year)
<b>4.</b> Print: Carol M. Penstetter Sign: Carol M. Penstetter	Street: W6657 Cedar Street City: Medford Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Medford (Municipality Name)	12/2/2011 (Month) (Day) (Year)
<b>5.</b> Print: Timothy J Penstetter Sign: Timothy J Penstetter	Street: W6657 Cedar St. City: Medford Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Medford (Municipality Name)	12/2/2011 (Month) (Day) (Year)

**1. Lyn Krakenberger** (certify): I reside at **116 S. 3rd St.** **Medford**  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(A), Wis. Stats.

12/5/2011  
(Month) (Day) (Year)

Lyn Krakenberger  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000769

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Linda Sackmann</u> Sign: <u>Linda Sackmann</u>	Street: <u>W4922 50. St</u> City: <u>Westboro</u> Zip: <u>54490</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Chelsea</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
2. Print: <u>Dennis V Nofsinger</u> Sign: <u>Dennis V Nofsinger</u>	Street: <u>W6261 Cty Hwy A</u> City: <u>Medford, WI</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Black</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
3. Print: <u>SHERYL BALCIAR</u> Sign: <u>Sheryl A. Balciar</u>	Street: <u>W6883 Maplewood lane</u> City: <u>Medford, WI</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
4. Print: <u>PEGGY LICHTL</u> Sign: <u>Peggy Lichtl</u>	Street: <u>N391 4th Dr</u> City: <u>Medford WI</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Browning</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
5. Print: <u>Joanne Schmidt</u> Sign: <u>Joanne Schmidt</u>	Street: <u>240 N Main St</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)

I, Lyn Krakenberger (certify): I reside at 116.5 3rd St. Medford  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12 / 5 / 2011  
(Month) (Day) (Year)

Lyn Krakenberger  
(Signature of Circulator)

Page No. 000770  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Print: <u>Diane Zuleger</u> Sign: <u>Diane Zuleger</u>	Street: <u>N4608 Hwy. 13</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/05/2011</u> (Month) (Day) (Year)
2. Print: <u>Ruth Breeze</u> Sign: <u>Ruth Breeze</u>	Street: <u>N3650 Hwy Q</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)
3. Print: <u>Lila Garnezki</u> Sign: <u>Lila Garnezki</u>	Street: <u>604 S. Gibson</u> City: <u>Medford WI</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)
4. Print: <u>David J. Casey</u> Sign: <u>David J. Casey</u>	Street: <u>N5885 Cty Rd C</u> City: <u>Rib Lake</u> Zip: <u>54470</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Greenwood</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)
5. Print: <u>TERRENCE PROSCHLER</u> Sign: <u>Terence J. Proschler</u>	Street: <u>N5384 Noaning Dr</u> City: <u>MEDFORD</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CHELSNER</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)

**Certification of Circulator**

I, Lyn Krakenberger (Printed Name of Circulator) certify: I reside at 116 S. 3rd St. (Circulator's Residence - Street Name and Number) Medford (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 2011  
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Lyn Krakenberger  
(Signature of Circulator)

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING
<b>1.</b> Print: <u>Elizabeth H. Geiger</u> Sign: <u>Elizabeth H. Geiger</u>	Street: <u>W5520 Elm Ave</u> City: <u>Stetsonville WI</u> Zip: <u>54480</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Black</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)
<b>2.</b> Print: <u>MARGARET M. Anderson</u> Sign: <u>Margaret M. Anderson</u>	Street: <u>Mark Capital Terrace #50</u> City: <u>MEDFORD WI</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)
<b>3.</b> Print: <u>DENNIS NUERNBERGER</u> Sign: <u>Dennis Nuernberger</u>	Street: <u>W5946 Louetta Ln</u> City: <u>Medford WI</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Little Black</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)
<b>4.</b> Print: <u>TONIK MATTHIAS</u> Sign: <u>Toni Matthias</u>	Street: <u>N3163 Castle Rd</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)
<b>5.</b> Print: <u>Earl F. Finkler</u> Sign: <u>Earl F. Finkler</u>	Street: <u>434 Pine</u> City: <u>Medford</u> Zip: <u>54451</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Medford</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)

**Certification of Circulator**

I, Lyn Krakenberger (Printed Name of Circulator) (certify): I reside at 116 S. 3rd St (Circulator's Residence - Street Name and Number) Medford (Circulator Municipality)

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12 (Month) 5 (Day) 2011 (Year)  
Lyn Krakenberger (Signature of Circulator)

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Eugene Polzin	<i>Eugene Polzin</i>	Street: 124 Barry's Cove City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/30/2011 (Month) (Day) (Year)	Email Phone
2. Jeannethum	<i>Jeannethum</i>	Street: 725 S. 2nd St. City: Medford WI Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/30/2011 (Month) (Day) (Year)	Email Phone
3. Herbert B. Andulak	<i>Herbert B. Andulak</i>	Street: 632 TEELE RACE City: MEDFORD Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MEDFORD	11/30/2011 (Month) (Day) (Year)	Email Phone
4. Gayle A Lewis	<i>Gayle A Lewis</i>	Street: 232 S 4th HC City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/30/2011 (Month) (Day) (Year)	Email Phone
5. ROSEMARIE LEFEBVRE	<i>Rose Marie Lefebvre</i>	Street: 306 E. Allman City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	11/30/2011 (Month) (Day) (Year)	Email Phone
6. Margaret Tuma	<i>Margaret Tuma</i>	Street: 258 VINCENT City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/1/2011 (Month) (Day) (Year)	Email Phone
7. DAVID D CLARK	<i>David D. Clark</i>	Street: 445 W PERKINS City: MEDFORD Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MEDFORD	12/2/2011 (Month) (Day) (Year)	Email Phone
8. Dottie Clark	<i>Dottie Clark</i>	Street: 445 W Br Kins City: Medford WI Zip: 54459	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/2/2011 (Month) (Day) (Year)	Email Phone
9. Todd Becher	<i>Todd Becher</i>	Street: W5857 Jolly Ave City: Medford WI Zip: 54451	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City medford	12/2/2011 (Month) (Day) (Year)	Email Phone
10. Patricia M Schultz	<i>Patricia M Schultz</i>	Street: 304 S. 3rd St City: Medford WI Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/2/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Lyn Krakenberger, (certify): I reside at 116 S. 3rd St. Medford  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 5 / 2011 Lyn Krakenberger  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

# 000773

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Bryan Gajewski		Street: 9503 Woodland Dr. City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	11/17/2011 (Month) (Day) (Year)	Email Phone
2. Martin Carlson		Street: 1410 Silver Circle City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town BS <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	11/17/2011 (Month) (Day) (Year)	Email Phone
3. Jon Bernwardt		Street: 5025 Ling Rd City: Rothschild WI Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/17/2011 (Month) (Day) (Year)	Email Phone
4. Tara Swanson		Street: 326 Broadway Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/18/2011 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Ben Swanson, (certify): I reside at 326 Broadway Ave Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 20 11  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

# 000774



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>AGNES M. TITERA</u> Sign: <u>Agnes m. Titera</u>	Street: <u>403 Corbett ave E. Apt. 7</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith, WI</u> (Municipality Name)	<u>11/20/2011</u> (Month) (Day) (Year)	Email Phone (715)
2. Print: <u>Miranda Colby</u> Sign: <u>Mcolby</u>	Street: <u>311 Wildwood Circle</u> City: <u>Roberts</u> Zip: <u>54023</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Roberts</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone (715)
3. Print: <u>MARCH COLBY</u> Sign: <u>MC</u>	Street: <u>311 Wildwood Circle</u> City: <u>ROBERTS</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Roberts</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone (715)
4. Print: <u>Susan R Warren</u> Sign: <u>Susan R. Warren</u>	Street: <u>N4846 White Birch Ridge</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grant</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (715)
5. Print: <u>Leon R. Warren</u> Sign: <u>Leon R. Warren</u>	Street: <u>N4846 White Birch Ridge</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grant</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (715)

## Certification of Circulator

I, Bonnie Titera, (certify): I reside at N4925 White Birch Ridge Town of Grants  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

8 / 29 / 2011  
(Month) (Day) (Year)

Bonnie Titera  
(Signature of Circulator)

Page No. (Official Use Only)  
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Return

Comm  
PO Box  
Madison

Email

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Circulators  
Please include

Phone

(715)

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by**  
Committed  
PO Box 2  
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>Mary Kelnhofen</u> Sign: <u>Mary Kelnhofen</u>	Street: <u>N 10583 Swiss Point Rd</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Worcester</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone ( 715
2. Print: <u><del>ANNA K. KELNHOFEN</del></u> Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>RICHARD KELNHOFEN</u> Sign: <u>Rich Kelhfen</u>	Street: <u>N10583 SWISS POINT RD</u> City: <u>PHILLIPS</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WORCESTER</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>THOMAS G. MARTWICK</u> Sign: <u>Tom Martwick</u>	Street: <u>N8016 E. WILSON FL. RD.</u> City: <u>PHILLIPS</u> Zip: <u>W154555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FLR</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>ANDREW RILEY</u> Sign: <u>And Riley</u>	Street: <u>N10122 CTY RD F</u> City: <u>PHILLIPS</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FLAMBEAU</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, BOBBY WEBER (certify): I reside at 565 S. Ogden Ave  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Phillips  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

**Circulators,**  
Please include your

Phone

(

Email

12 1 8 120 11  
(Month) (Day) (Year)

Bobby Weber  
(Signature of Circulator)

Page No. (Official Use Only)

000776

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by  
Committee  
PO Box 2  
Madison,

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. <u>Patricia J. Weinert</u> Print: <u>Patricia J. Weinert</u> Sign: <u>Patricia J. Weinert</u>	Street: <u>W12936 Cty. D</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
2. <u>Peggy A. Weinert</u> Print: <u>Peggy A. Weinert</u> Sign: <u>Peggy A. Weinert</u>	Street: <u>W12936 Cty. D</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
3. <u>Robert W. Weinert</u> Print: <u>Robert W. Weinert</u> Sign: <u>Robert W. Weinert</u>	Street: <u>618 N Johnson ST</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bruce</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
4. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (
5. _____ Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

1. Robert W. Weinert (certify): I reside at 618 N Johnson ST  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Bruce, WI  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/7/2011  
(Month) (Day) (Year)

Robert W. Weinert  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000777

Circulators,  
Please include y

Phone

(715

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Lols L. Weinert</u> Sign: <u>Lols L. Weinert</u>	Street: <u>W12936 County Rd. O</u> City: <u>Bruce, WI</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>WALTER WEINERT</u> Sign: <u>Walter Weinert</u>	Street: <u>W12936 Cth O</u> City: <u>Bruce WI</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ATLANTA</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>John Henry Weinert</u> Sign: <u>John Henry Weinert</u>	Street: <u>W12936 CTH O</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Gary S. Weinert</u> Sign: <u>Gary S. Weinert</u>	Street: <u>W12936 CTH O</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Susan D. Weinert</u> Sign: <u>Susan D. Steinert</u>	Street: <u>W12936, County O</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> (Municipality Name)	<u>12/7/2011</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, Robert W. Weinert (certify): I reside at 618 N Johnson St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Bruce, WI  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 7 / 2011  
(Month) (Day) (Year)

Robert W. Weinert  
(Signature of Circulator)

Page No. (Official Use Only)

# 000773

Return to

Committee  
PO Box  
Madison

Circulators  
Please include your

Phone

(715)

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Nathan Wolter	<i>Nathan Wolter</i>	Street: 9003 E Jefferson St City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town Wausau <input type="checkbox"/> Village <input type="checkbox"/> City	12/8/2011 (Month) (Day) (Year)
2. KENNETH HOPP	<i>Kenneth Hopp</i>	Street: 6900 Whippoorwill Rd City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Rib Mt <input type="checkbox"/> City	12/8/2011 (Month) (Day) (Year)
3. Sharon Hopp	<i>Sharon Hopp</i>	Street: 6900 Whippoorwill Rd City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/8/2011 (Month) (Day) (Year)
4. Arlene Kroening	<i>Arlene Kroening</i>	Street: 1206 Gallon St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 (Month) (Day) (Year)
5. Blia V Lee	<i>Blia V Lee</i>	Street: 1245 N 8th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 (Month) (Day) (Year)
6. Kongmeng Lee	<i>Kongmeng Lee</i>	Street: 1245 N 8th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/8/2011 (Month) (Day) (Year)
7. RONALD J. OSTHEIM	<i>Ronald J. Ostheim</i>	Street: 801 Sr. 12th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/08/2011 (Month) (Day) (Year)
8. <del>Brenda F. Fekken</del>	<del><i>Brenda F. Fekken</i></del>	<del>Street: 4401 Coon Rd City: Rib Mt Zip: 54401</del>	<del><input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt</del>	<del>12/8/2011 (Month) (Day) (Year)</del>
9. Shirley Hannemann	<i>Shirley M. Hannemann</i>	Street: 2704 Raven Ave City: WAUSAU, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/09/2011 (Month) (Day) (Year)
10. Martin C Hannemann	<i>Martin C Hannemann</i>	Street: 2704 Raven Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/9/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Jeanette White (Name of Circulator), (certify): I reside at 1906 N. 10th Ave. Apt. 7 (Circulator's Residence - Street name and Number) City of Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/9/2011  
(Month) (Day) (Year)

*Jeanette White*  
(Signature of Circulator)

Page No. 000779  
#

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Rachel M. Klomp-North	<i>Rachel M Klomp-North</i>	Street: 918 Hamilton St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
2. Timothy L Naef	<i>Timothy L Naef</i>	Street: T-12450 Cty Rd J City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	12/9/2011 (Month) (Day) (Year)
3. Kathleen M. Naef	<i>Kathleen M Naef</i>	Street: T-12450 City Rd J City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	12/9/2011 (Month) (Day) (Year)
4. Andy Conner	<i>Andy Conner</i>	Street: 3011 9th St. City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
5. Chris Kazda	<i>Chris Kazda</i>	Street: 110 Marguerite St. City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/9/2011 (Month) (Day) (Year)
6. Keryl Shilts	<i>Keryl Shilts</i>	Street: 2005 Rosecrans St. City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
7. DENVER SHILTS	<i>Doree Shilts</i>	Street: Wausau WI 54401 City: ROSECRANS, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
8. John Wolfe	<i>John Wolfe</i>	Street: 2816 N 7th Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maine	12/9/2011 (Month) (Day) (Year)
9. M. Ke Rolnecki	<i>Mike Rolnecki</i>	Street: 1908 Hawthorne Ln. City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	12/9/2011 (Month) (Day) (Year)
10. Jean Rolnecki	<i>Jean Rolnecki</i>	Street: 1908 Hawthorne Ln City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	12/9/2011 (Month) (Day) (Year)

I, Jeanette White (Name of Circulator), (certify): I reside at 1904 N. 10th Ave. Apt. 7 (Circulator's Residence - Street name and Number) City of Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/9/2011 (Month) (Day) (Year)

*Jeanette White* (Signature of Circulator)

Page No. (Official Use Only)  
# 000780

Circulator:  
Phone  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Commit  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Roy Jones</u> Sign: <u>Roy Jones</u>	Street: <u>W6358 B Rd</u> City: <u>Parkland</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <u>WATERLOO</u> <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	<u>12/02/2011</u> <small>(Month) (Day) (Year)</small>	Email  Phone <u>(715)</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	<u>  </u> / <u>  </u> / 20 <u>  </u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	<u>  </u> / <u>  </u> / 20 <u>  </u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	<u>  </u> / <u>  </u> / 20 <u>  </u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City  (Municipality Name)	<u>  </u> / <u>  </u> / 20 <u>  </u> <small>(Month) (Day) (Year)</small>	Email  Phone ( )

**Certification of Circulator**

I, Arthur P. Buckart, (certify): I reside at N8451 Birch Hill Rd Town of Elk  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 08 / 2011  
(Month) (Day) (Year)

Arthur P. Buckart  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000781

**Circulators,**  
Please include your  
Phone  
(715)  
Email  
abur

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Committee  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>JASON STROMBERG</u> Sign: <u>[Signature]</u>	Street: <u>W10055 DEBARDOLEOSH RD.</u> City: <u>PHILLIPS</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELK</u> (Municipality Name)	<u>12/2/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>LOUISE LINDSAY</u> Sign: <u>[Signature]</u>	Street: <u>720 Pinecrest Ave</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Phillips</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Phil Lindsay</u> Sign: <u>[Signature]</u>	Street: <u>720 Pinecrest Ave</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Phillips</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, TRACIE L. BURKART (certify): I reside at N8451 BIRCH HILL RD  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

TOWN OF ELK  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 08 120 / 11 Tracie L. Burkart  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

#

000782

Circulators,  
Please include your

Phone

(715)

Email

abw@t



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Edward G Busby	<i>Edward G Busby</i>	Street: 442 1 <sup>ST</sup> Ave N City: Park Falls Zip: 54552	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City PARK FALLS	11 / 25 / 2011 (Month) (Day) (Year)
2. CHRISTIE L. SALES	<i>Christie L. Sales</i>	Street: W10485 County Line Rd. City: BUTTERNUT, WI Zip: 54574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LANE	11 / 29 / 2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Edward G Busby, (certify): I reside at 442 1<sup>ST</sup> Ave PARK FALLS  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 8 / 20 11  
(Month) (Day) (Year)

Edward G Busby  
(Signature of Circulator)

Page No. (Official Use Only)

# 000783

Circulator  
 Phone  
 Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Mary E. Henkelman	<i>Mary E. Henkelman</i>	Street: 217 Leroy St City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/9/2011 (Month) (Day) (Year)
2. Paul Greer	<i>Paul Greer</i>	Street: 1505 2nd Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

## Certification of Circulator

I, William A. Christenson, (certify): I reside at 1886 Granite Heights Road Town of Tex  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000784

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>Thomas L. Jacob</u>	<u>Thomas L. Jacob</u>	Street: <u>1230 Elm Street</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>12/9/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>Patricia F. Kloth</u>	<u>Patricia F. Kloth</u>	Street: <u>909 Genrich St Apt 2</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>12/9/2011</u> <small>(Month) (Day) (Year)</small>
3. <u>Brendt M Sullivan</u>	<u>Brendt M Sullivan</u>	Street: <u>5076 Forest RD</u> City: <u>Hatley WI</u> Zip: <u>54440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Reid</u>	<u>12/9/2011</u> <small>(Month) (Day) (Year)</small>
4. <u>Robin Trantow</u>	<u>Robin Trantow</u>	Street: <u>1601 Franklin St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>12/9/2011</u> <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, William A. Christenson, (certify): I reside at T886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulator  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Katrina Zimmermann	<i>K Zimmermann</i>	Street: E13791 East Tower Rd City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Easton	12/09/2011 (Month) (Day) (Year)	Email Phone
2. Jo Stotmeister	<i>Jo Stotmeister</i>	Street: 725 W. Ross City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/09/2011 (Month) (Day) (Year)	Email Phone
3. Becky case	<i>Becky case</i>	Street: 113 Eaw Claire Blvd City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)	Email Phone
4. EILEEN KROENING	<i>EILEEN KROENING</i>	Street: 4214 N. 6TH ST City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/08/2011 (Month) (Day) (Year)	Email Phone
5. DOUGLAS JOEELL	<i>Douglas Joeell</i>	Street: 2310 Forest Grove City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kronenwetter	12/9/2011 (Month) (Day) (Year)	Email Phone
6. Joseph JAKUSZ	<i>Joseph Jakusz</i>	Street: 4903 Kramer Lane City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/9/2011 (Month) (Day) (Year)	Email Phone
7. KAREN HAINES	<i>Karen Haines</i>	Street: 1106 4th Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	Email Phone
8. Sharon M Blase	<i>Sharon M. Blase</i>	Street: 801 Grant St. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	Email Phone
9. James R Walker	<i>James R Walker</i>	Street: 1420 Enter St City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	Email Phone
10. PENNIS J. LEGGOTT	<i>Pennis J. Leggett</i>	Street: 2253 River Forest Ln City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/9/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, William A. Christenson, (certify): I reside at 7886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)

# 000786

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email	Phone
1. Kristine Koppela	<i>Kristine Koppela</i>	Street: 528 N 7th Avenue City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)		
2. Michael E. Young	<i>Michael E. Young</i>	Street: 1604 Wisteria Ln. City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/9/2011 (Month) (Day) (Year)		
3. Scott A. DeBruux	<i>Scott A. DeBruux</i>	Street: 401 Fleming Street City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)		
4. Nicholas LaFonte	<i>Nicholas LaFonte</i>	Street: 3850 Weston Pines Ln Apt. 201 City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/9/2011 (Month) (Day) (Year)		
5. Gene Borgh	<i>Gene Borgh</i>	Street: 811 MORELAND AVE City: SCHOFIELD WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SCHOFIELD	12/9/2011 (Month) (Day) (Year)		
6. Gerald Hannon	<i>Gerald Hannon</i>	Street: 2243 Baylee Ln City: Kronenwetter WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/9/2011 (Month) (Day) (Year)		
7. Lisa Johnson	<i>Lisa Johnson</i>	Street: 3066 Humboldt Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)		
8. Ika Volm	<i>Ika Volm</i>	Street: 1164 Old Hwy 51 City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/9/2011 (Month) (Day) (Year)		
9. Roger Hancock	<i>Roger Hancock</i>	Street: 1801 Laguna Ave City: Weston WI Zip: WF	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WESTON	12/9/2011 (Month) (Day) (Year)		
10. Jeanette Hilliard	<i>Jeanette Hilliard</i>	Street: 1206 Stark St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)		

## Certification of Circulator

I, William A. Christenson, (certify): I reside at 7886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

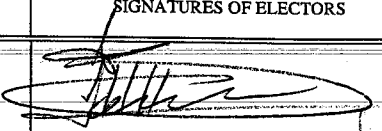
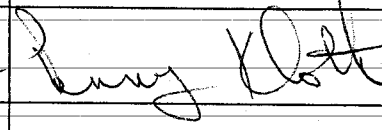
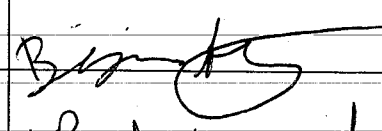
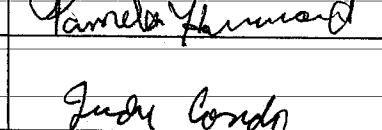
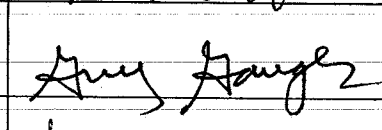
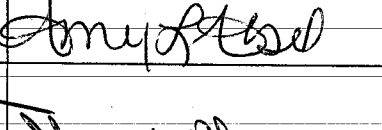
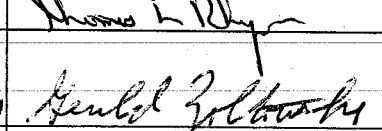
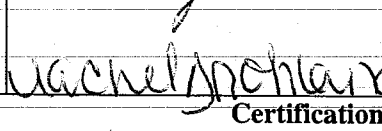
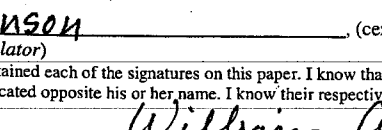
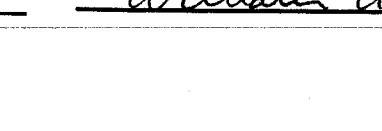
William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000787

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Israel Perez		Street: 5002 Alderson St. #4 City: Schofield Zip: 54476	<input checked="" type="checkbox"/> Town <del>MC</del> Schofield <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/8/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Penny Kloth		Street: 909 Genrich St Apt 2 City: Wausau, WI Zip: 54403	<input checked="" type="checkbox"/> Town <del>Wausau</del> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Benjamin A. Hall		Street: 909 Genrich St. Apt 2 City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Pamela Hammond		Street: 4311 Shoshone Ave #48 City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Judy Condo		Street: 4903 Cypress St. #1 City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Guy Ganger		Street: 1164 Old Hwy 51 City: Mosinee, WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Amy L. Abel		Street: 2135 Oregon Trl City: Kronenwetter WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Thomas L. Rhymer		Street: 6300 Birch St. #70 City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. GERALD ZOLTOWSKI		Street: 4703 N. 53 AVE City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Rachel Eichland		Street: 802 Franklin St Apt 1 City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/9/2011 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, William A. Christenson (Name of Circulator), (certify): I reside at T886 Granite Heights Road (Circulator's Residence - Street name and Number) Town of Texas (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 000788

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	Email
1. John Larsen	<i>John Larsen</i>	Street: 821 E THOMAS ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	
2. Roland St. Master	<i>Roland St. Master</i>	Street: 735 W ROSS AVE City: WAUSAU W. Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	
3. MICHAEL MATSICK	<i>Michael Matsick</i>	Street: 5703 ROSE AVE City: WAUSAU WIS Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/09/2011 (Month) (Day) (Year)	
4. Deborah Case	<i>Deborah Case</i>	Street: 113 Eau Claire Blvd City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	
5. Kathryn Wehner	<i>Kathryn Wehner</i>	Street: 1335 Maple Ave City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	
6. CAROL LUNDIN	<i>Carol Lundin</i>	Street: R11720 River Rd City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	12/09/2011 (Month) (Day) (Year)	
7. Charles D. Puccio	<i>C. D. Puccio</i>	Street: 316 SMITH ST. City: HATLEY, WI. Zip: 54440	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City HATLEY	12/09/2011 (Month) (Day) (Year)	
8. Pauline M. Riedl	<i>Pauline M. Riedl</i>	Street: 628 1/2 Augusta Ave. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	
9. Adriana Erickson	<i>Adriana Erickson</i>	Street: 415 Kotter St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	
10. ANN STAIVER	<i>Ann Staiver</i>	Street: 578 1/2 LINCOLN AVE City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/9/2011 (Month) (Day) (Year)	

## Certification of Circulator

I, William A. Christenson, (certify): I reside at T886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 09 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)

# 000789

Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Karen L Delwiche</u> Sign: <u>Karen L Delwiche</u>	Street: <u>12399 W State Rd 48</u> City: <u>Exeland WI</u> Zip: <u>54835</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Meteor</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: <u>RONALD FREITAG</u> Sign: <u>Ronald Freitag</u>	Street: <u>946 N. Washington ave</u> City: <u>EXELAND</u> Zip: <u>54835</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>EXELAND</u> (Municipality Name)	<u>11/19/2011</u> (Month) (Day) (Year)	Email Phone ( )
3. Print: <u>DENNIS DELWICHE</u> Sign: <u>Dennis C. Delwiche</u>	Street: <u>12399 W STATE RD. 48</u> City: <u>EXELAND</u> Zip: <u>54835</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>METEOR</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone ( )
4. Print: <u>RANDY M PETKA</u> Sign: <u>Randy M Petka</u>	Street: <u>11082 W 5TH STR</u> City: <u>EXELAND</u> Zip: <u>54835</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>EXELAND</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone ( )
5. Print: <u>ROSE PETKA</u> Sign: <u>Rose Petka</u>	Street: <u>EXELAND 54835</u> City: <u>EXELAND</u> Zip: <u>54835</u> <u>RP</u> <u>11082 W 5TH STR</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>EXELAND</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email Phone ( )

## Certification of Circulator

I, DENNIS C. DELWICHE (Printed Name of Circulator) I reside at 12399 W STATE RD 48 (Circulator's Residence - Street Name and Number)

METEOR  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/30/2011  
(Month) (Day) (Year)

Dennis C. Delwiche  
(Signature of Circulator)

Page No. 000790  
#

Return  
Committ  
PO Box  
Madison

Circulators,  
Please include y

Phone  
(715)  
Email



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Dale P. Belisle</u> Sign: <u>Dale P. Belisle</u>	Street: <u>N12912 Hwy 13</u> City: <u>Fezfeld, WI</u> Zip: <u>54524</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fezfeld</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. Print: <u>WILLIAM HOLGERS</u> Sign: <u>Willie Holgers</u>	Street: <u>N14412 HWY 13</u> City: <u>PARK FALLS</u> Zip: <u>54552</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FIFIELD</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: <u>PAULA HOLGERS</u> Sign: <u>Paula Holgers</u>	Street: <u>N14412 Hwy 13</u> City: <u>PARK FALLS</u> Zip: <u>WI 54552</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FIFIELD</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: <u>MARY B. ELKINS</u> Sign: <u>Mary B. Elkins</u>	Street: <u>N9170 S. 500 LK R</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELK</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: <u>Robert W. ELKINS</u> Sign: <u>Rob W. Elkins</u>	Street: <u>N9170 S. 500 LK R</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELK</u> (Municipality Name)	<u>12/8/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Robert W. ELKINS (certify): I reside at N9170 S. 500 LK R  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

TOWN OF ELKIN  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(8)(a), Wis. Stats.

12 / 1 / 8 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)

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Comm  
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Madis

Circulator  
Please include  
Phone

(7)  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Diane J Hakala	<i>Diane J Hakala</i>	Street: N4953 Hamanula Rd City: Brantwood WI Zip: 54513-9123	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knox	12/08/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

I, CHARLES F ESARE, (certify) I reside at 623 main st prentice  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 08 / 20 11 *[Signature]*  
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)  
# - 000792

Circulator  
Phone  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Steven J. Vreeland</u> Sign: <u>Steven J. Vreeland</u>	Street: <u>N4850 Beebe Rd.</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Thornapple</u> <small>(Municipality Name)</small>	<u>11/27/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
2. Print: <u>Jean Harvey</u> Sign: <u>Jean Harvey</u>	Street: <u>1229 N 2nd St.</u> City: <u>Bruce, WI</u> Zip: <u>54819</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bruce</u> <small>(Municipality Name)</small>	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
3. Print: <u>GERALDINE A. DIEHN</u> Sign: <u>Geraldine A. Diehn</u>	Street: <u>1101 N Fairway</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> <small>(Municipality Name)</small>	<u>12/7/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (
4. Print: <u>Kevin Westlund</u> Sign: <u>Kevin Westlund</u>	Street: <u>W14190 Tyman Rd.</u> City: <u>Weyerhaeuser</u> Zip: <u>54895</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Atlanta</u> <small>(Municipality Name)</small>	<u>12/8/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (715
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone (

I, Mary Federle (certify): I reside at W12226 Adams Rd Town of Atlanta  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 8 2011 Mary Federle  
(Month) (Day) (Year) (Signature of Circulator)

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Circulators  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Colleen Gaddy</u> Sign: <u>Colleen Gaddy</u>	Street: <u>W4701 Oak Rd</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grant</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email <u>jcgad</u> Phone (715)
2. Print: <u>GERARD GADDY</u> Sign: <u>Gerard Gaddy</u>	Street: <u>W4701 OAK RD</u> City: <u>LADYSMITH</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>GRANT</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email  Phone (715)
3. Print: <u>Shawn Slattery</u> Sign: <u>Shawn Slattery</u>	Street: <u>302 E 9th St. South</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Ladysmith</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email  Phone (715)
4. Print: <u>James Gaddy</u> Sign: <u>James Gaddy</u>	Street: <u>W7895 Maple Hill Rd</u> City: <u>Ladysmith</u> Zip: <u>54848</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Grant</u> (Municipality Name)	<u>11/30/2011</u> (Month) (Day) (Year)	Email  Phone (715)
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email  Phone ( )

I, Colleen Gaddy (Printed Name of Circulator), (certify): I reside at W4701 Oak Rd (Circulator's Residence - Street Name and Number) Town of Grant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 01 / 2011  
(Month) (Day) (Year)

Colleen Gaddy  
(Signature of Circulator)

Page No. (Official Use Only)

# 000794

Circulators,  
Please include your

Phone

(715)

Email

jcgad

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. William C. Brehmer	<i>William C. Brehmer</i>	Street: 922 Woodlawn Rd City: Wausau WI. Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
2. Rosalie Brehmer	<i>Rosalie Brehmer</i>	Street: 922 Woodlawn Rd City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
3. Margaret Tanner	<i>Margaret Tanner</i>	Street: 326 McInnes City: Wausau WI. Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
4. Kris Schult	<i>Kris Schult</i>	Street: 906 Plover Ln City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt	12/9/2011 (Month) (Day) (Year)
5. Raymond M. Klapatauskas	<i>Raymond M. Klapatauskas</i>	Street: 9106 Sorrel Ln City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
6. Lavonne Klapatauskas	<i>Lavonne Klapatauskas</i>	Street: 9106 Sorrel Ln City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
7. Angela Braun	<i>Angela Braun</i>	Street: 1120 Prospect Ave City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/9/2011 (Month) (Day) (Year)
8. Peter Kuotek	<i>P. Kuotek</i>	Street: 1954 River Vista Dr City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/9/2011 (Month) (Day) (Year)
9. Steve Chow	<i>Steve Chow</i>	Street: 9103 Windemere City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/9/2011 (Month) (Day) (Year)
10. Jacklyn Chow	<i>Jacklyn M Chow</i>	Street: 9103 Windemere City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/9/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 Wall St. Rothschild Village  
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 9 / 2011  
 (Month) (Day) (Year)

*Daniel Hazant*  
 (Signature of Circulator)

Page No. (Official Use Only)

# **000795**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	C
1. Print: <u>Yvonne Johnson</u> Sign: <u>Yvonne Johnson</u>	Street: <u>1414 N State Rd 40</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bruce</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
2. Print: <u>Jerald Johnson</u> Sign: <u>Jerald Johnson</u>	Street: <u>1414 N State Rd 40</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bruce</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
3. Print: <u>Kurtis Johnson</u> Sign: <u>Kurtis Johnson</u>	Street: <u>1414 N State Rd 40</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bruce</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
4. Print: <u>Kyle Johnson</u> Sign: <u>Kyle Johnson</u>	Street: <u>1414 N State Rd 40</u> City: <u>Bruce</u> Zip: <u>54819</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bruce</u> (Municipality Name)	<u>11/26/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____
5. Print: <u>Rebecca McEathron Kramer</u> Sign: <u>Rebecca McEathron Kramer</u>	Street: <u>N8237 Cty Rd H</u> City: <u>Phillips WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Emery</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email _____ Phone ( ) _____

I, Yvonne Johnson, (certify): I reside at 1414 N State Rd 40 Bruce  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 2011      Yvonne Johnson  
(Month) (Day) (Year) (Signature of Circulator)

Page No. 000796  
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Return

Committee  
PO Box  
Madison

Circulator

Please include

Phone

(715)

Email

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	COMMENTS
1. Print: <u>Timothy L. Popp</u> Sign: <u>[Signature]</u>	Street: <u>N 8954 Lake Shore Ln</u> City: <u>Phillips, WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELK</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>
2. Print: <u>Toni Popp</u> Sign: <u>Toni Popp</u>	Street: <u>N 8954 Lake Shore Ln</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELK</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>
3. Print: <u>John A. Satterwhite</u> Sign: <u>[Signature]</u>	Street: <u>W 73175 Minnow Lake Rd</u> City: <u>Phillips, WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EIK</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>
4. Print: <u>Renee Satterwhite</u> Sign: <u>Renee Satterwhite</u>	Street: <u>W 73175 Minnow Lake Rd</u> City: <u>Phillips, WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>EIK</u> (Municipality Name)	<u>11/25/2011</u> (Month) (Day) (Year)	Email Phone <u>(715)</u>
5. Print: <u>Steve Keller</u> Sign: <u>[Signature]</u>	Street: <u>124 W. Avon Ave</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Phillips</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email Phone <u>( )</u>

I, Erik C. Larsen (Printed Name of Circulator)  
Certify: I reside at W 6863 Disappearing Creek Road (Circulator's Residence - Street Name and Number)  
Phillips (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Nov. 29 2011  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
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Return by  
Committee  
PO Box 2  
Madison, WI

Circulator  
Please include  
Phone  
(715)  
Email  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return**  
Commit  
PO Box  
Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Jocelyn Robinson</u> Sign: <u>[Signature]</u>	Street: <u>5800 South Argyle Ave</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Phillips</u> (Municipality Name)	<u>11/24/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (

I, Erik Charsen (certify): I reside at W6863 Disappearing Creek Road, Phillips  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12/13(3)(a), Wis. Stats.

12, 6 2011  
(Month) (Day) (Year)  
[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
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Circulators  
Please include y  
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Email  
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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Stacey Witala</u> Sign: <u>Stacey Witala</u>	Street: <u>139 Victoria St</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Phillips</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (715)
2. Print: <u>Richard C. Laws</u> Sign: <u>Richard C. Laws</u>	Street: <u>W6351 Trailer HA.</u> City: <u>Phillips Wis</u> Zip: <u>54555</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Worcester</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (715)
3. Print: <u>John W. Kilty</u> Sign: <u>John W. Kilty</u>	Street: <u>W10630 West Solber Lk. Rd</u> City: <u>Phillips Wisconsin</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Worcester</u> (Municipality Name)	<u>11/28/2011</u> (Month) (Day) (Year)	Email Phone (715)
4. Print: <u>Sarah Jackson</u> Sign: <u>Sarah Jackson</u>	Street: <u>N8764 Hollywood Ln</u> City: <u>Phillips, WI</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elk</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email Phone (715)
5. Print: <u>Kathryn Shumaker</u> Sign: <u>Kath Shumaker</u>	Street: <u>N9401 W View Rd</u> City: <u>Phillips</u> Zip: <u>54555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Worcester</u> (Municipality Name)	<u>11/29/2011</u> (Month) (Day) (Year)	Email Phone (715)

I, Erik C. Larsen (Printed Name of Circulator) certify: I reside at W6863 Disappearing Creek Road (Circulator's Residence - Street Name and Number) Phillips (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.16(3)(a), Wis. State.

Nov. 29 2011  
(Month) (Day) (Year)

Erik C. Larsen  
(Signature of Circulator)

Page No. 000793  
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Commit  
PO Box  
Madison

Circulators  
Please include  
Phone  
Email  
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**NOT SUBMITTED**